



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1000 Washington Street, Suite 810 • Boston, MA 02118-6200
(617) 521-7794 • Toll-free (877) 563-4467
<http://www.mass.gov/doi>

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

JAY ASH
SECRETARY OF HOUSING AND
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JOHN C. CHAPMAN
UNDERSECRETARY OF CONSUMER AFFAIRS
AND BUSINESS REGULATION

DANIEL R. JUDSON
COMMISSIONER OF INSURANCE

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BULLETIN 2016-06

TO: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc.,
and Health Maintenance Organizations Offering Student Health Plans

FROM: Daniel R. Judson, Commissioner of Insurance 

DATE: July 6, 2016

RE: Fully Insured Student Health Plans Offered Within Massachusetts

The Division of Insurance (“Division”) issues this Bulletin to provide instruction to Massachusetts Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations (“Carriers”) regarding fully insured student health plans offered within Massachusetts.

Carriers are reminded that they must comply with all relevant federal requirements when issuing or renewing student health plan coverage in Massachusetts. As noted in federal guidance, Carriers must ensure that they only issue or renew student health plan coverage that:

- satisfies Centers for Medicare & Medicaid Services (“CMS”) actuarial value requirements for individual health plans;
- meets Essential Health Benefits requirements for Massachusetts; and
- satisfies all federal rating rules for Massachusetts offered plans.

For further information regarding federal requirements for student health plans, see CMS-9981-F, *Student Health Insurance Coverage*, issued on March 21, 2012, and CMS-9972-F, *Patient Protection and Affordable Care Act: Health Insurance Market Rules; Rate Review*, issued February 27, 2013, at page 13424, as well as associated guidances.

Carriers are also reminded about guidance issued by CMS regarding rate review for student health plans, including guidance most recently issued on February 29, 2016. The Division reminds Carriers that they are to make all appropriate filings as described in such guidance. The Division expects that Carriers will submit the materials required by CMS. In addition, Carriers shall submit the following materials to the Division via the SERFF system as soon as practical after July 1 for plans with effective dates beginning on or after July 1 of the same year:

1. A screenshot of the federal Actuarial Value Calculator printout that illustrates the actuarial value for the plan.
2. A copy of documents used to summarize the terms of coverage that disclose the actuarial value of the coverage and the "metal level" or next lowest metal level which the coverage would satisfy if the plan's actuarial value falls outside the actuarial value ranges for metal levels.
3. An actuarial certification stating how the plans:
 - o satisfy CMS actuarial value requirements for individual health plans;
 - o meet Essential Health Benefits requirements for Massachusetts;
 - o satisfy federal rating rules for Massachusetts.

If you have any questions about this Bulletin, please contact Kevin P. Beagan, Deputy Commissioner of the Health Care Access Bureau at (617) 521-7323.